

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

2008 OCT 27 AM 9:53

1. Person Making the Disbursements/Obligations

(a) Name

Kelli Conlin

(b) Address (number and street)

470 Park Ave S 7th Flr S

☐ check if different than previously reported

(c) City, State and ZIP Code

NY, NY 10016

(d) Name of Employer or Principal Place of Business

Winning Message Action Fund

(e) Occupation

President

2. FEC Identification Number

C

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

10 ' *25* ' *2008*

through

11 ' *04* ' *2008*

5. (a) Date of Public Distribution(s)

10 ' *25* ' *2008*

(b) Communication Title

How Much Time

6. The filer is a(n):

(a) ☐ Individual

(b) ☐ Unincorporated Organization

(c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☒

No ☐

8. Custodian of Records

(a) Name

Anne-Marie Stehn

(b) Address (number and street)

470 Park Ave S 7th Flr S

(c) City, State and ZIP Code

NY, NY 10016

(d) Name of Employer or Principal Place of Business

Winning Message Action Fund

Finance Associate

(e) Occupation

9. Total Donations This Statement

662,510.01

10. Total Disbursements/Obligations This Statement

214,928.90

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Kelli Conlin

SIGNATURE

DATE

10/24/08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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